

1-20-00

A

**TRANSMITTAL OF
UTILITY
APPLICATION
UNDER 37
C.F.R. §1.53**

Attorney Docket No.

24743-2301B

First named inventor

Hubert Köster

Express mail label #

EL516975763US

Date of mailing

January 18, 2000

Application Elements

1. ☒ Fee Transmittal Form
2. ☒ Specification No. Pages 78
(including Abstract)
 - a. Title: **SOLUTION PHASE BIOPOLYMER
SYNTHESIS**
 - b. Number of claims: 49
3. ☐ No. sheets of drawings 0 with 0 Figs.
4. ☒ Copy of Declaration listing names of joint
inventors from parent application
5. ☐ Sequence Listing
 - ☐ Paper copy (identical to computer copy)
 - ☐ Computer readable copy
 - ☐ Verified statement

Accompanying Application Papers

6. ☒ Copy of assignment papers from
parent application.
7. ☒ Copy of statements of status as
small entity from parent application
8. ☒ Return Receipt Postcard

SIGNATURE OF ATTORNEY/AGENT

HELLER EHRMAN WHITE & McAULIFFE

Stephanie Seidman

Registration Number: 33,779

If a continuing application:

☒ continuation of U.S. application Serial No. 09/067,337, filed April 27, 1998 to Köster
et al., which is incorporated by reference in its entirety.

CORRESPONDENCE ADDRESS

NAME

Stephanie Seidman
Registration No. 33,779
Heller Ehrman White & McAuliffe

Address

4250 Executive Square, 7th Floor, La Jolla, CA 92037

Telephone: 858.450.8400

Facsimile: 858.587-5360

jc544 U.S. PTO
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09484484-011800

jc678 U.S. PTO
09/484484
01/18/00

FEE TRANSMITTAL ACCOMPANYING UTILITY APPLICATION UNDER 37 C.F.R. § 1.53	Attorney Docket No.	24743-2301B
	First named inventor	Hubert Köster
	Express mail label #	EL516975763US
	Date of mailing	January 18, 2000

FEE CALCULATION FOR CLAIMS AS FILED

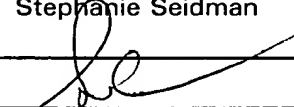
a)	Basic Fee		\$ 690.00
b)	Independent Claims <u>3</u> - 3 = <u>0</u> x \$ 78.00		\$.00
c)	Total Claims <u>49</u> - 20 = <u>29</u> x \$ 18.00		\$ 360.00
d)	Fee for Multiple Dependent Claims - \$230.00		\$ 0.00
	TOTAL FILING FEE		\$ 1050.00

[X] Statement(s) of Status as Small Entity
reducing Filing Fee by one-half to \$525.00

[X] A check in the amount of \$525.00 to cover the fee for filing the application.

[] Charge \$____ to Deposit Account No. 08-1641

[X] The Commissioner is hereby authorized to charge any fees that may be required in this application during its entire pendency, or credit any overpayment, to Deposit Account No. 08-1641. If proper payment is not enclosed, such as a check in the wrong amount, unsigned, post-dated, otherwise improper or informal, or absent, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 08-1641 during the entire pendency of this application. This sheet is filed in duplicate.

CORRESPONDENCE ADDRESS					
NAME	Stephanie Seidman Registration No. 33,779 Heller Ehrman White & McAuliffe				
Address	4250 Executive Square, 7th Floor, La Jolla, CA 92037				
	Telephone: 858.450.8400			Facsimile: 858.587-5360	
Submitted by:					
Typed or printed name	Stephanie Seidman			Reg. Number	33,779
Signature		Date	11/22/99	Deposit Account	08-1641